

Case Number:	CM15-0200376		
Date Assigned:	10/15/2015	Date of Injury:	04/05/2012
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female who sustained an industrial injury on 04-05-2012. Medical records indicated the worker was treated for cervical facet joint pain, chronic neck pain, right shoulder impingement, and lumbar facet joint arthropathy. In the provider notes of 09-22- 2015 the injured worker complains of pain that is worse with prolonged sitting-standing, lifting, twisting, and driving. Mitigating factors are laying supine, stretching, medications, and a cervical collar. Her current medications include Flector patch, Tramadol, Aleve, and Voltaren. On exam, there is tenderness to palpation of the cervical paraspinal muscles overlying the bilateral C7-T1 facet joints, and tenderness on palpation of the lumbar paraspinal muscles. Lumbar ranges of motion were restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Cervical extension was worse than cervical flexion. Right shoulder impingement signs, including Neer's and Hawkin's were positive. Spurling's maneuver was negative bilaterally. According to provider notes, the worker had failed physical therapy, nonsteroidal anti- inflammatories, and conservative treatments. A fluoroscopically guided diagnostic right C7-T1 facet joint medial branch block was requested to evaluate for the presence of cervical facet joint pain as the reason for the worker's right neck symptoms. A request for authorization was submitted for additional Chiropractic x 8 Sessions Cervical and Lumbar. A utilization review decision 10-02-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic x 8 Sessions Cervical and Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical and lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care for the lumbar spine with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG recommends additional manipulation sessions to the cervical spine with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 8 requested sessions far exceed The MTUS recommended number. I find that the 8 additional chiropractic sessions requested to the lumbar and cervical spine to not be medically necessary and appropriate.